N. B.

1.	PLACE OF DEATH	
	County SP Marys	Registration Dist. No. 2 8
	1/	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	DOX R	ds. How long in U.S. if of foreign birth?mosds.
2.	FULL NAME TOOCH Jarnes	
common	(a) Residence: No. Hemil Blace (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. S	Male Hack 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Comber), 1932 (Month) (Day) (Year)
5a.	If merriad, widowad, or divorced HUSBAND of Thosa Hosgan (or) WIFE of	22. I HEREBY CERTIFY. Thet I attended deceased from
6. D	ATE OF BIRTH (month, day, and yeer) 1860	I last saw harran aliva on Hor Lb 1932; daath is said
7. AGE Yaars Months Days If LESS than		to have occurred on the data stated ebove, et. 9 am.
	2 unknow Inknown or nin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
N	8. Trada, profession, or particular kind of work done, as SPINNER,	Merslial Repensitie.
OCCUPATION	SAWYER, BOOKKEEPER, etc. Furm Maroura	Angha assans
9	work was dona, as SILK MILL, SAW MILL, BANK, etc.	
00	10. Date dacaasad last worked at this occupation (month and yaar) FRANCE FL. 11. Total time (years) spent in this occupation	
12.	BIRTHPLACE (city or town) & Sayolen (State or country) Magyland	Other Contributory Causes of importance: Declima of Andry and live July has buch
ER	13. NAME Robert Affarmer	
FATHER	14. BIRTHPLACE (city or town) Albayahin (Stata or country) Masyland	Name of operation Dete of What test confirmed diagnosis? Physica Oceans Was there an autopsy? The
ER	15. MAIDEN NAME Masy undersom	23. If daath was due to external causas (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town) Shary (and	Accident, suicide, or homicide?
17.	INFORMANT Howh Hongani (Address) Jakey Jee Mod	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	Place 1) A Hark Church Date Dec 7, 1932	Manner of injury
19.	UNDERTAKER . Classian Hallingly (Address) Lingandform Mid	24. Wes disease or injury in any way related to occupetion of decaased? The lif so, specify MD
20.	FILED Dec. 7, 1932 Harrison Hobbe Registrar.	(Signed) Isom b. M. D. (Address) Lausarellana.

STATE OF MADVI AND CEPTIFICATE OF DEATH

*5590

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

ole I	Example II		
nd related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
JAN 6 1933	1915	Attack of epilepsy	1 week ago
	1921	Run over by street car	1 week ago
URBAHTY	July 5,1927	Peritonitis	3 days ago
	11		
mportance:		Other contributory causes of importance:	
F 24-5'	May 1,1923	Gastroenteritis	1 year
	AN BURNATIV	nd related causes 1915 1921 July 5,1927 mportance:	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

MARGIN RESERVED FOR BINDING

V. S. No. 1

ż

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 13531
1. PLACE OF DEATH	(23)
County Stmory	Registration Dist. No. ≥ 80
Village or City Rudyl Incl	No. St Ward
Length of residence in city or town where death occurredyrs,mo	If death occurred in a horpital or institution, give its NAME instead of street and aumber) sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Cocclin Benefit	L
(a) Residence: No. Redy ms. (Usual place of abode)	1 St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Colord 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Second	21. DATE OF DEATH Size 8 193 2
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTII (month, day, end year)	1 lest saw h alive on, 19, 19, 19
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8 Trade profession or posticular	Supposed J, B, J Date of onset
9. Industry or business in which bark was done, es StLK MILL, SAW MILL, BANK, etc	Lings.
Notes that the second last worked at this occupation (month and year) 10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) St. Dueyo's onl	Other Coatributory Causes of importence:
E	
I4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an eulopsy?
15. MAIDEN NAME TO Beent	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME TO Been to Been to 16. BIRTHPLACE (city or town) & Duy	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT GOTE FINANCE (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Atticles Child Date Dec 10, 1932	Nature of injury
19. UNDERTAKER 2, I P Duraum (Address) Daniel Mil	24. Was disease or Injury In eny way related to occupation of deceased?
20 FILED Lee 9 10 32 E. E Burch	(Signed) a Co. Frehp. M.D.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related cause of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.	C 1 1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

SIAIE	OF MARTLAND	CERTIFICATE OF DEATH 13532
1. PLACE OF DEATH	24	(15-E)
County County	Mary L.	Registration Dist. No. 287
Village or City Lsual	Mille Mid:	NoSt.,Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town wh		sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Joseph	h Claude Len	net p
(a) Residence. No. Micas	(Usual place of abode)	St, Ward. If nonresident give city or town and State
	ISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Male Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced	1	
HUSBAND of (or) WIFE of		1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	lene day unknow 4 /938	I last saw h was alive on Hov 15 , 1982; death is said
7. AGE Years Months		to have occurred on the date stated above, at 1080 Q_m.
1 6	1 day,hrs. ormin.	was as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,		101/2 Laken with Homatile Hovely
SAWYER, BOOKKEEPER, etc	mone	- / 3
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	~	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Hars (State or country)	Good .	Other Coatributory Causes of importance:
1 Comment	Lenesy	
13. NAME /homas	Cracy.	Name of operation
(State or country)	melicut,	What test confirmed diagnosis? WDM Was there an autopsy? WD
15. MAIDEN NAME Dir gie 16. BIRTHPLACE (city or town)	, Bennett.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	ermanerelle	Accident, suicide, or homicide?
17. INFORMANT Milliam (Address)	Tennett Wills Ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL ATTRICE CHURCH STAND	The Date LOCA , 19.32	Manner of Injury
19. UNDERTAKER Miliogram (Address)	at Thick Mide	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Dec 16, 1932	After helt Registrar.	(Signed) (Syonn - D. d. M. D. (Address) Linear Storm Will.

CTATE OF MADYLAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis IALL C 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURBAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
Examined Since Hov 14 - 93 & Uncle nas not able he laws
to Ray and non was called apparently auch healthy &
who to the morning he died drank a kind of make a blay
full mouth to Don to swallow Dolid had I treated from ab office
on nor 14-1932. Brown C.Q. M.G.

PHYSICIAMS should state Exact statement or OCCUPA-B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-AGE should be stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate. mation should be carefully supplied.

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	140
county St. Mary	Registration Dist. No. 283
Village or City Charolico	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
$\Omega = P \cdot \Omega$	
2. FULL NAME Beare Laure Braw	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Temale Colored married	(Month) (Day) (Year)
5a. If married, widowed, or divorced	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Frank Brown	Dec 6 1982 to Dec 9 1932
6. DATE OF BIRTH (month, day, and year) Cung 5- 1892.	I last saw h. alive on Dec 7, 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5:15 A.m.
HO \$ 21 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Z 8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and specific property).	Eclampsea Dec. 6.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	<u> </u>
10. Date deceased last worked at 11. Total tima (years)	
this occupation (month and year) yaar)	
12, BIRTHPLACE (city or town) Manyland	Other Contributory Causes of importance:
(State or country)	deputes toxema -
13. NAME Comanul Fawyer 14. BIRTHPLACE (city or town) Maryland	V
4 14. BIRTHPLACE (city or town) Maryland	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Jennie Bush 16. BIRTHPLACE (city or town) Manyland	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT CAMPACTURE (Address) Chapter Mc	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place John Wesley Contay Date Dec. 9 , 1932	Nature of injury
10 Hallestance (C) Al , P. I	24. Was diseasa or injury in any way related to occupation of deceased? MD
19. UNDERTAKER (Address) Chaptics and	If so, specify
20, FILED NICC 7 19 De d. B. Johnson	(Signed) alayeus C. Wilefo M. D.
Registrar.	(Address) Soption Md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JAI, G. 1999	July 5,1927	Peritonitis	3 days ago	
BURROLL	11			
Other contributory causes of importance:	//	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	Fweek ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
4		(REAL OF THE PARTY OF THE PART	30 1932	
Other contributory causes of importance:		Other contributory causes of importance:	THE WAY	
Gallstones	May 1,1923	Gastroenteritis	1 year	
		133		
		The state of the s		

19. UNDERTAKER (Address)

FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH County Registration Dist. N (If death occurred in n hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_____yrs.____mos. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH OR DIVORCED (write the word) (Month) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of CERTIFY That I attended deceased from 6. DATE OF BIRTH (month, day, and year) 7. AGE to have occurred on the date steted above, at __ Days The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc ... Industry or business in which work was done, es SILK MILL. SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) this occupation (month and occupation __ **Dther Contributory Causes of importance** 12. BIRTHPLACE (city or town (State or country) FATHER 14. BIRTHPLACE (city or town Name of operation (State or country) What test confirmed diegnosis? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?... 16. BIRTHPLACE (city or tow (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Address) 18. BURIAL, CREMATION, DR REMOVAL Manner of injury Nature of injury

If more blanks we needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting . S. No. 1.

- Registrar.

If so, specify

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

I	Example I	11	Example II		
The principal cause of de of importance were as follows:	ath and related causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	展展 , 第3000000000000000000000000000000000000	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	JAN 6 1933	July 5, 1927	Peritonitis	3 days ago	
1	BUKRARA			-	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

ż

County Registration Dist. No. 26 Village or City No. Olevery No. St., (If death occurred in a hospital or institution, give its NAME instead of street and n	
Village or City 1. (Deleuleut s No. St.,	umber)
Village or City 1. Olember 1 No. St., St.,	umber)
Length of residence in city or town where deeth occurred has a most death occurred has been been been been been been been bee	
2. FULL NAME Peter Sery	
(a) Residence: No. All Culture St., Ward. (Usual place of abode) If nonresident give eity or town and	State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OBDIVORCED (write the word) (Month) (Day)	, 193
5a. If married, widowed, ordivorced HUSBAND of (or) WIFE of 22. I HEREBY CERTIFY. That I attended	deceased from
5 DATE OF RIPTH (month day and year) Les 13 1862 I last law burn alive on LORG 75 19 52	, 19.
6. DATE OF BIRTH (month, dey, and year) 1 I last faw but alive on live on 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	; d eath is said
1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, Nature Weller - Cleronis 9 Industry or business in which work was done as SI K MIII	
9 Industry or business in which work wes done, as SILK MILL,	
SAW MILL, BANK, etc. 11. Total time (years)	
10. Date deceased last worked at this occupation (month end the spant in this year) 11. Total time (years) spant in this year) occupation	
12. BIRTHPLACE (city or town) Other Contributory Causes of importance:	
(State or country)	
13. NAME Teley Levy	
14. BIRTHPLACE (city or town) 2224. Name of operation. Date of	
(State or country) What test confirmed diagnosis? Wes there an a	u'opsy?
15. MAIDEN NAME (MURCEO 23. If death was due to external causes (VIOL ENCE) fill In also the following	:
16. BIRTHPLACE (city or town). Date of injury Date of injury	, 19
(State or country) Where did injury occur? (Specify city or town, county and State	e)
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA (Address)	ACE.
18. BURIAL, CREMATION, OR REMOVAL Place 1. Clay 2 Company Date 2 3 18 2 Nature of injury	
LDM A C. Partie of mjory.	
19. UNDERTAKED 19. Maleury 24. Wes disease or injury in eny way related to occupation of deceased?)
191 - 50 B. O (Signed) March U. Carra	Rugo.
20. FILED 19 19 Caracter (Address) Registrar. (Address)	en)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	#1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitud nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURUAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	<u> </u>		

ADDITIONAL SPACE FOR FURTHER S	TATEMENTS BY PHYSICIAN	
	8 -	

mation should be carefully supplied. AGE should be stated EXACTLY.

N. B.-WRITE PLAINLY,

V. S. No. 1

PHYSICIANS should state

1	5	1	1)	and of	
I	O	J	Ù	6	

County At Mary	Registration Dist. No. 287
Village or City Wyssere	No. St., War If death occurred in a hospital or institution, give its NAME instead of street and number) Os. ds. How long in U.S. If of foreign high? Os. ds. How long in U.S. If of foreign high?
Length of residence In city or town where death occurred 64 yrs	os. ds. How long in U. S. if of foreign birth? yrs, mos. d
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Tennale white Sa. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of Edmund Hannett	22. I HEREBY CERTIFY, That I attended deceased fro
6. DATE OF BIRTH (month, day, and year) Que 8, 1868	I last saw h alive on Que
7. AGE Years Months Days If LESS than I day,hr:	
8. Trade, profession, or particular kind of work done as SPINNER	were as follows: Oate of one
skind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Edema of Lungs 1241/3:
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 12. Date deceased last worked at this occupation with the spent in this occupation occupation.	
12. BIRTHPLACE (city or town) At manys County	Other Contributory Causes of importance:
(State or country) 13. NAME L 20 13. NAME	II/28/
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Manyland	What test confirmed diagnosis? Was there an autopsycho.
15. MAIDEN NAME Ellan In Carle	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Edmund Hammett	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (Addre	
Place It michen Constage Des 131938	Manner of injury
19. UNDERTAKER Ernest Arbinson (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED APA MA Registrar.	(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1 JAN 6 113	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	ribis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURFAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ż

13538

1. PLACE OF DEATH	94-20
County of Mary	Registration Dist. No. 282
Village or City rece Tueston In	No. St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME James mitchell big	22
(a) Residence: No. The Compton (Saual place of abode)	Mard. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word	21. DATE OF DEATH KLEL 287 1937
5a. If merried, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF Julia Bush	22. AUHEREBY CERTIFY, That I attended deceased from Alle 27 1932 to Alle 29 1932
6. DATE OF BIRTH (month, day, and year) Les 5-1874	I lest saw h alive on feld 28 1932 deeth is said
7. AGE Years Months Days If LESS the	to more described on the dete stated above, at III.
57 57 0 23 day,	were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	Oate of onset
SAWYER, BOOKKEEPER, etc. Wallyman	- Ingma Octorin places
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, es SILK MILL, SAW MILL, SAW MILL RANK etc.	
0 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
O this occupetion (month and yeer)	
12 20 1 1 1	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) Style (State or country)	
13. NAME Lockes Lines	- Come Myv Casquer 294
13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town)	
4 14. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of
15. MAIOEN NAME Protitoh Milliander	Whet test confirmed diagnosis? Wes there en autopsy?
La Colo h	23. If death was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
11 21, 1.7. 11	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Name of the last o
Place AT Asuncia Cometone full 25 7 195	Menner of injury
19. UNDERTAKER 90 mallyngly	24. Was disease or Injury in any wey related to occupation of deceased?
(Address) demanded and my	If so, specify
20. FILED 17728, 1952 Registrar.	(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	es i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURDAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state RECORD. Every item of inforof OCCUPA-PHYSICIANS Exact statement stated EXACTLY. TH UNFADING INK-THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be See instructions on back of TION is very important. N. B.—WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County St. Cu and	Registration Dist. No. 2 F C
Village or City Buly	No. u. of St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds,
01.001	1/100
2. FULL NAME MALLO	
(a) Residence: No. 12 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. W married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
10 10	I last saw h attween 12 3 1 192 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2
() 0 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER,	wera as follows: Date of onset
SAWYER, BOOKKEEPER, etc.	early how chis
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Knother
10. Oata decaasad last worked at this occupation (month and year) spent in this occupation	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	to death of all
13. NAME John Josefel Hill	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME TIS AND Make Wy	23. If death was due to external causes (VIOLENCE) fill In also the following:
I 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT When I . I first	Where did injury occur?
(Address) Bulling we	
18. BURIAL, CREMATION, OR REMOVAL Place Date 1 1933	Manner of injury
lave	Nature of injury
19. UNOERTAKER (Address)	24. Was disease or injury in any way related to occupation of daceased?
and Andrew	If so, specify (Signed) The Company of the Company
20. FILED Registrar.	(Address) aremetal

who had no occupation whatever write none. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the de-Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

10.—The month and year the deceased last worked at the occupation. 9.--The industry or business in which the work was done.

11.-The number of years the deceased followed the occupation.

out the particular kind of work done and return that, as spinner, weaver, etc. In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc.

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

should be called a salesman and not a clerk. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods chanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, me-

of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the

1 year		Gastroen territis	2261,1 yaM	Gallstones
	sauses of importance:	Other contributory of		Other contributory causes of importance:
g gails ago	RECEIVED	Peritonilis	1261'9hin f	Сегерга! петочгћаде
I week ago		Run over by street car	1261	Chronic interstilial nephritis
Date of onset	of death and related causes as follows:	of importance were	1916 of onset	of importance were as follows:
	BUREAU	esting legioniza odT	100000	The principal cause of death and related causes

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13540
1. PLACE OF DEATH	7.3
County Sp. Barys	Registration Dist. No. 9282
Village or City Lemban Alorm	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs
2. FULL NAME Anna Stebecka Holly	
(a) Residence: No. State road below Red Fa	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MANUEL COLOR OF THE COLOR O	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lackson Holy.	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) June 2 > - 1901	I last saw h 2 alive on dec / 5 , 1950; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at Cm.
3/ 3 /3 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as-follows:
8. Trade, profession, or particular kind of work done, as SPINNER, from SAWYER, BDDKKEEPER, etc. from services with the same and	Bulmonary lubes culvery
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Stocker of North Sawyer of North Sawye	- House the second seco
10. Date deceased last worked at June 11. Total time (years) this occupation (month and year)	
12. BIRTHPLACE (city or town) Hollymond (State or country)	Dther Contributory Causes of Importance:
13. NAME Cornelius Howolen 14. BIRTHPLACE (city or town) Holygnasol	Name of operation
(Stata or country)	What test confirmed diagnosis? L.B. backli for was there an autopsy? 120
15. MAIDEN NAME To it Tologo de la BIRTHPLACE (city or town) Holly nood	23. If death was due to external causes (VIOLENCE) fill in also the following:
State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT CORDON Holly Gueband	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Medly heck.	Manner of injury
Place Ludy: Chariet Date Lice / 8, 1932	Nature of injury
19. UNDERTAKER Clement Ha ling Cy. (Address) Lewoard lown Mal	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILED IV / 17 , 1952 Caeceally Registrar.	(Signed) Browns M. D. (Address) Crasardioun
If more blanks are needed address State Periods	(Audiess)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of deat of importance were as follow	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	Dodg c	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	JAN J LAND	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	BUREAU	13 ·		
Other contributory causes of	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	(11-2)
county St. we are 's	Registration Dist. No. 286
Village or City abeel 110	No. St., Ward
0 - 0	death occurred in a hospital or institution, give its NAME instead of street and number) -1-7-ds. How long in U.S. if of foreign birth?yrsds.
1.119	1-1
2. FULL NAME Justific Taylor	ourson by
(a) Residence No. (Usual place of abode)	St., Ward. / If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED write the word	21. DATE OF DEATH / 2 20 102 9
male Mule widowed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
Surgourson	12-12-19-39-to 12-20-,19-3L
6. DATE OF BIRTH (month, day, and year) 912 1-1847	I last saw h alive on 12 - 19 1 death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at £ 3.0. 9 m.
8 3 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	Juffellinga 12.12-32
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 19. industry or business in which	J
work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) occupation.	
us d	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	guardo y curro
# 13. NAME Justile Johnson	Succession of the succession o
13. NAME 13. NAME 14. BIRTHERACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME CONTROL 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
6 16, BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT N. 1. Malling (Address)	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 2 - 1021112 Date 12 - 21 - 19 37	Nature of Injury.
19. UNDERTAKER J. Slum Jache (Address)	24. Was disease or Injury In any way related to occupation of deceased?
1 11 12	(Signed) M. D.
20. FILED / L-LO, 19.3 EV. V. O alum Registrar.	(Signed) M. D.
η Acgustas.	(1000)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GSAM20 FM	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones -	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

AGE should be stated EXACTLY. PHYSICIANS should tate N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County of mary	Registration Dist. No. 200
Village or City St Duysts,	No. St., Ward
Length of residence in city or town where death occurredyrs,mos	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME mortha. S.	due
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h an alive on Le 1 , 19.8 2 death is said
7. AGE Years Months Days If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, atG
9 Trade profession or particular	IB, Juneyo right Date of onset
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month end year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Thill (State or country)	Office Controllery Consess of Importance.
W 13. NAME News Jaces	
13. NAME Very deces 14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of County)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mause Johnson 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) The (State or country)	Accident, suicide, or homicide?
17. INFORMANT JASU June	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	Managed States
Place Sul Juny Date Del 12, 1932	Manner of injury
19. UNDERTAKER 2, V. Princesco. (Address)	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED 12/21, 1932 De J. J. O. King. Registrat.	(Signed) (Address) (Addres

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to rotirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURRAU V S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	-----------	---------	------------	----	-----------

6	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	Jo 1	plnc	220	
	item	she	Jo	
	very	ANS	nent	
	D. E	SIC	tate	
•	COR	PHY	act s	
-	L RE	Y.	Ex	
NG	EN	TL	ied.	
ZDI.	MAD	AC	lassil	
BII	PER	E	·ly c	ate.
MARGIN RESERVED FOR BINDING	SA	tated	roper	rtific
D F	IIS I	be s	be p	of ce
RVE	TI	plne	nay	ack
SE	INK	3 she	t it 1	on P
RE	DNI	AGI	tha ;	ions
GIN	PADI	ied.	as, se	truc
IAR	UND	uppli	tern	e ins
1	TH	lly s	plain	Se
•	M.	refu	I in	tant.
	NEX	be ca	BATE	mpoı
	PLAI	Plno	F DI	ery i
T)	TE	n sho	E 0	is v
V. S. No. 1	WRI	natio	MAN	TION is very important. See instructions on back of certificate.
No.	B.	=	0	I
>.	ż			

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13543
1. PLACE OF DEATH	
County St Marys	Registration Dist. No. 287
Village or City Of Maryo City	NoSt., Ward
(lf	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos.	ds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME John Kerelynan	
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Dec 27 193 2
5a. If marriad, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of annie Kerelyman	22. I HEREBY CERTIFY, That I attandad decaasad from 19 19.32 to 27 19.32
6. DATE OF BIRTH (month, day, and year) Oct 14, 1863	I last saw being alive on Dec 24, 1932; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data statad above, at 61/0 Pm.
. 69 2 13 lday,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc	P
S. Industry or business in which	Cancimona of Alomach
work was done, as SILK MILL, SAW MILL, BANK, etc.	T Swin
10. Data decaased last worked at this occupation (month and year) spent in this occupation year)	
A. C. a ka	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (Stata or country)	
H H	1.0
(Stata or country)	Name of operation
	What tast confirmad diagnosis?
E	23. If death was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicida?
(out of county)	Where did injury occur? (Specify city or town, county and State)
(Addrass) X + Manus Command	Spacify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place At James Centry Data Dec 29, 1932	Nature of injury
E LAL.	
19. UNDERTAKER (Address)	24. Was disaase or injury in any way related to occupation of decaased?
0. 46 4 1 9	(Signad) M. D.
20. FILED 20., 19.3.2 Registrar.	(Address) great hulls, his
If more blanks are moreled address State Printers	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ii ii	Example II		
The principal cause of death and related causes Date of onset of importance were as follows:		The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:	4	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ż

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	3	5	1	1
A	()	0	-87	-6

1. PLACE OF DEATH	937
County St. Mary	Registration Dist. No. 283
Village or City Chapters -	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Mary Doshie Lace	y
(a) Residence: No. Chapturo Md, (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Lacy.	22. HEREBY CERTIFY, That I attended deceased from 1932, to Dec 1932.
6. DATE OF BIRTH (month, day, and year) Sept-5-1865	I last saw had alive on Nov. , 1932; death is said
7. AGE Years Months Days If LESS than I dayhrs.	lo have occurred on the date stated above, at
6/ d d ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	(leute Cardiac Dilation 16 min
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oata deceased last worked at this occupation (month and	Suction
11. Total time (yeers) this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town) manyland (State or country)	Other Contributory Causes of importance: Chranic myo cards
13. NAME Hilary B. Bowles	
13. NAME Allary B. Bowles 14. BIRTHPLACE (city or town) Maryland (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Margaret Figure 16. BIRTHPLACE (city or town). Mary land	23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
S (State or country)	Where did Injury occur?
17. INFORMANT MS. Yach Thiel. (Address) Chaptian md.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place It response Cemelan Date Jec 5, 1932	Manner of injury
19. UNDERTAKER Q. C. Welch (Address) Chapter of the company of the	24. Was diseasa or Injury in any way related to occupation of deceased?
20. FILEDALLE H , 19 32 d-13- Johnson Registrar.	(Signed) (Address) M. D. (Address) M. D.
If more blank are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	144 8 1800	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1 4000	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	RUPEAR	July 5,1927	Peritonitis	3 days ago	
		Ø.			
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

	 The state of the s

V. S. No. 1 N. B. certificate.

See instructions on back of

TION is very important.

state

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13545
1. PLACE OF DEATH	(22a)
County Stm ors	Registration Dist. No. 282
Village or City	NoSt.,Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long In U.S. If of foreign birth?mosds.
2. FULL NAME A hu Herry	any ley,
(a) Residence: No. / Currel	Tarif Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male Blook musell	Dec, 13, 193 2
5a. If married, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
ghorra	Loui, 12, 1982, to Louis 13, 1982
6. DATE OF BIRTH (month, day, and year)	I last saw have alive on A 13 2; death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at //m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
38 Out 7 or min.	METE as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc.	Varagey du night sile
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date doceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and 3 2	
12. BIRTHPLACE (city or town) Person State or country)	Other Contributory Causes of Importance:
14. BIRTHPLACE (city or town)	
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis?
E D. NO.	Accident, sulcide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT Focus Deeps My	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATIDIN OR REMOVAL	Manner of injury
Place St Pilero tur Date Dec, 15, 1982	Nature of injury
5 T. Pression	24. Was diseasa or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) Same	If so, specify
20. FILED Occ 13, 1932 Dr. J. O. King	(Signed) John M. D.

(Address)

Revistrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gostroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		TEN A MA		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOL	FURTHER	STATEMENTS	RY	PHYSICIAN
TYNNATITATION	DI MUM I O	e T. O Le I II I I I I I	DIAM TANKERSHALED	10 1	T TI T DIOTATA

-			-

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF, DEATH of bluods Registration Dist. No. item (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where deeth occurred How long in U.S. if of foreign birth?______mos.____ds. statemen RECORD. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) ANENT classified. 5a. If merried, widowed, or divorced HUSBAND of 22. CERTIFY. Thet I attended deceased from (or) WIFE of (certificate. 6. DATE OF BIRTH (month, dev. and year) 7. AGE proper Years Months Deys If LESS then to heve occurred on the data stated ebova, et 11 fram. stated 1 dev.____hrs. The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importence or____min. wera es follows: Oate of onset 8. Trada, profession, or perticuler THIS OCCUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.___ may back 9. Industry or business in which pluods work was done, as SILK MILL SAW MILL, BANK, etc. 10. Dete deceesed last worked at 11. Total time (years) this occupation (month and spent in this AGE that occupetion. instructions 12. BIRTHPLACE (city or town) (Steta er country) terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town in plain (State or country) carefully Whet test confirmed diagnosis?_____ Was there en autopsy?____ MOTHER important. 23. If death was dua to external ceusas (VIOLENCE) fill in elso tha following: Accident, suicide, or homicide?______ Dete of injury______ 19___ 16. BIRTHPLACE (city or tow (Steta or country) Where did injury occur?____ pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. plnods 17. INFORMANT Very OF (Address) 18. BURIAL, CREMATION, OR REMOVAL WRITE Manner of injury CAUSE mation TION Neture of injury 24. Was disease or injury in any way related to occupation of deceased If so, specify Registrar.

BINDIN

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. Mo. 1

20. FILED 12 / 28

132

	STATE OF	MARYLAND-	CERTIFICATE OF DEATH 135	48
1.	PLACE OF DEATH		(57)	
	County S/ Mary		Registration Dist. No. 280	
	79) - VI) 11	ue foul	NoSt.,	Ward
n,		(If	death occurred in a hospital or institution, give its NAME instead of street and numb	
	Length of residence in city or town where death of	occurredyrs,mos.	ds. How long In U.S. if of foreign birth?yrsmos.	ds.
2	FULL NAME Berry	au &m	en Neale,	
	(a) Residence: No.	Mr Hale	/sow Ward.	
affection in		(Usual place of abode)	If nonresident give city or town and Stat	ė
_	PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	
3.5	0	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) 19	(Year)
5a.	If married, widowed, or divorced HUSBAND of		and the second s	
	(or) WIFE of		22. HEREBY CERTIFY, That I attended dece	
			I last saw has alive on deal 1932; de	
6. E	ATE OF BIRTH (month, day, and year) GE. Years Months	Days If LESS than	to have occurred on the date stated above, at 12 75 am.	atii is said
/. A	of 8	3 l day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	/	ormin.	I was an a first to the course	te of onsat
NO	8. Trade, profession, or particular kind of work dona, as SPINNER,		Dooned Consumos, and	
OCCUPATION	SAWYER, BOOKKEEPER, otc		Justine of the ope,	
UP	work was done, as SILK MILL. SAW MILL, BANK, atc.			
200	10. Date deceased last worked at this occupation (month and	11. Total tima (years) spent in this		
	year)	occupation	0.000	
12	BIRTHPLACE (city or town)	In mu	Other Contributory Causes of importance:	
12.	(State or country)			
ER	13. NAME Flesser he	al.		
FATHER	14. BIRTHPLACE (city or town)	-1/2 Jens	Name of operation Data of	
FA	(State or country)	. Y. G. P. V. V. J. J. J	What test confirmed diagnosis? Was there an autop	nsv?
2	15. MAIDEN NAME LUC QUE	Tone	23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	9-	el 1	Accident, suicida, or homicide? Date of injury	19
8	16. BIRTHPLACE (city or town)	rller	Where did injury occur?	, 10
17. INFORMANT Miliamy Juni seath			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR REMOVAL		Manner of injury	
	Placemoston MELO	of bee, 29, 1932	Natura of injury	
	SP Paris		24. Was disease or injury in any way related to occupation of decaased?	
19.	UNDERTAKER (Address)	in and	If so, specify	

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis IALL 6 1: 1	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE 1	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	---------	-----	---------	------------	----	-----------

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cau of importance were as follows:	ses Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GENIES -	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gustroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

Miss	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- trate UPA	1. PLACE OF DEATH	13550
ould sta	County St. ways	Registration Dist. No. 2, 8 4
item of should of OCC	Village or City by wall of	No. h. St., Ward
/ ~ 20 -7	Length of residence in city or town where death occurred 2 yrs. // mos	death occurred in a hospital or institution, give its NAME instead of street and number)
CORD. Every PHYSICIANS oct statement	2. FULL NAME Villiam Franci	Pilleuli
D. 1 SIC tate	(a) Residence: No. Land	St., Ward.
part 1	(Usual place-of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
RECORD. PHYSI Exact stat	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	OR DIVORCED (write the word)	/2 / 193 <u>2</u> (Month) (Day) (Year)
ING NEN C T 1	5a. If married, widowed, or divorced HUSBAND of	
BINDING EXACTLY y classified.	(or) WIFE of Oche She she silket	1 HEREBY CERTIFY, That I attended deceased from
SIN ERN C cl	6. DATE OF BIRTH (month, day, and year) / - 8-1860	I last saw h alive on 1 2 / 7 , 182 2; death is said
FOR B. IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than .	to have occurred on the date stated above, at 2.3 v.P.m.
FOR IS A P stated properly	72 11 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 70	8. Trade, profession, or particular kind of work done, as SPINNER, A CALLER BOOK REFER NOT SAWYER BOOK REFER N	acula undegralia 12-12-
		Sugar
SERV VK—T should it may it may	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
RESE.	10. Oate deceased last worked at this occupation (month and year) year) 11. Total time (years) spect in this occupation.	
ZATO	12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
MARGIN UNFADI supplied. n terms, so	(State er country)	1,200,000
MARGI UNFAI supplied. n terms, ee instru	13. NAME SIL PILLULA	
	14. BIRTHPLACE (city or town)	Name of operation
E E E	15. MAIDEN NAME May Lack	What test confirmed diagnosis?
	16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
ATTH TPOI	16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
A DE A	17. INFORMANT A rance, Polleule	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
PLA hould OF D	(Address) 18. BURIAL, CREMATION, OR REMOVAL	
E S E S	Place ace of the of Oate 12 - 20, 1936	Manner of Injury
Mation s CAUSE TION is	19 UNDERTAKER Siggine / talk	24. Was disease or injury In any way related to occupation of deceased?
No.	(Address) Success well	If so, specify
si Z	20. FILED/2 18 1932 N. V. Gueren	(Signed) M. O.
	Registrar. If more blanks are needed, address State Registrar,	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I			Example 11	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of importance were a	of death and related causes as follows:	Date of onset
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	2007 7 1111	3 days ago
			GENERAL	
Other contributory causes of importance:		Other contributory c	auses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL SP	PACE FOR F	FURTHER	STATEMENTS	BY	PHYSICIA
ADDITIONAL SP	ACE FUR I	UKIHER	STATEMENTS	DI	Inisicia

V. S. No. 1

should state of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13551
1. PLACE OF DEATH	(46)
county SImarys	Registration Dist. No. 280
Village or City Redge Snul	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long In U.S. if of foreign birth?yrsmos ds.
2. FULL NAME Mary Verice	Ridgell
(a) Residence: No. (Usual place of abode)	St., DucyWard. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (19 193 2
5a. If married, widowed, or divorced	(Month) (Da∮) (Year)
HUSBAND of Jennyon Ridgell	22. HEREBY CERTIFY. Thet I attended deceased from
6. DATE OF BIRTH (month, day, end year) June 11, 1913	I last saw h a alive on
7. AGE Years Months Days If LESS than 1 dey, hrs.	to have occurred on the date stated above, at 3
# 19 Starb # 8 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER, State SAWYER, BOOKKEEPER, etc.	Person Bilafercel
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	So to to the
10. Date deceased last worked at this occupation (month end spent in this	Sec. 3.
year) occupation	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Salar Salar
13. NAME (Olyno) (A Carrette 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Mary Loss of Mailler of 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Perset relicus	Accident, sulcide, or homicide? Date of injury, 19
(Stete or country)	Where did injury occur?
17. INFORMANT Leyon Ryrell (Address) Lollang	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place St Michael Date Dec 21, 1937	Neture of injury
19. UNDERTAKER STURPLES	24. Was disease or injury in any wey related to occupation of deceased?
(Address) Dawn met	If so, specify
20. FILED 12/20 132 Dr. J. O. King	(Signed) M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, nuchanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURRAU V.S.	·		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

FOR

RESERVED

MARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address) ____

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1851 6 33	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	. July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13553
1. PLACE OF DEATH	(Fa)
County St Marys	Registration Dist. No. 287
Village or City deonar dlown	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	/,
2. FULL NAME James H Russell	, h
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 1. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	THE PER CERTIFY THE PROPERTY OF THE PROPERTY O
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year)	I last saw h alive on Dec 14, 1932 death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated ebove, at 2m.
11 6 4 f day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Date of onest
SAWYER, BDDKKEEPER, etc.	Broncho preumonia 12/10/22
S. Industry of business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at , ff. Total time (years)	
this occupation (month and have \$32 spent in this occupation 5	
12. BIRTHPLACE (city or town) Leane (free	Other Contributory Causes of Importance:
(State or country)	The state of the s
13. NAME James H Russel	3
13. NAME Junes H Mussel 14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of Country)	What test confirmed diagnosis? However Wes there an autopsy?
15. MAIDEN NAME Many a Redmand 16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOLENCE) fill In also the following:
6. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Stete or country) Manyl	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Jermes to Murre Il	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
Place of Mayer Constant Date Dec 66, 1932	Nature of injury
19. UNDERTAKER WM Chattingly (Address)	24. Was disease or Injury in eny way related to occupation of deceased? Lo
20. FILED Dec 15, 1932 By Ben 15	(Signed)
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of enilepsy 1 week ago 1 week ago Chronic interstitial nephritis 1921 Run over by street ear Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIA
---	------------	-------	-----	---------	------------	---------------	----------

of infor-AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied.

V. S. No. 1

ż

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	13554
County of Mary	Registration Dist. No. 207
Village or City and College dee	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
1 1 10	
2. FULL NAME amanda Jaylor	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write therword)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced.	22. I HEREBY CERTIFY, That I attended deceased from
HUSBAND of John Taylor	2. April 1932, to Dec 24 1932
6. DATE OF BIRTH (month, day, and year) May 1898	I last saw har alive on 100 1 19.32 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 10 Pm.
39 7 25 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:
8. Trada profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceasad last worked at this occupation (month and	Childbirth 12/24/32
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
10. Data daceasad last worked at this occupation (month and spent in this	
this occupation (month and bee 19 spent in this 13 occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME Henry Johnselle	
13. NAME Henry dammeralle 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?ka_
15. MAIDEN NAME Ruth Smith 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT John Jaylor	(Specify city or town, county and State) Specify whether Injury occurrad In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place It Mucho Cametupate Dec 26, 1932	Manner of injury
19. UNDERTAKER WM C Matteringly	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?
(Address) demaration bid	If so, specify
20 FILED DEC 25, 1932 March Registrar.	(Signed) M. D. (Address) Preat Kills L.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Chronic interstitial nephritis 101 Part Run over by street car 1 week	Example I			Example II		
Chronic interstitial nephritis 1921 Run over by street car 1 week Cerebral hemorrhage July 5,1927 Peritonitis 3 days	The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Cerebral hemorrhage July 5,1927 Peritonitis 3 days	Arteriosclerosis		- 1915	Attack of epilepsy	1 week ago	
Cerebral hemorrhage July 5,1927 Peritonitis 3 days	Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
	Cerebral hemorrhage		July 5,1927	Peritonitis Peritonitis	3 days ago	
Other contributory causes of importance: Other contributory causes of importance:		BURBAU V. S				
	Other contributory causes	of importance:	-	Other contributory causes of importance:		
Gallstones May 1,1923 Gastroenteritis 1 ye	Gallstones		May 1,1923	Gastroenteritis	1 year	

and July is gotten bedien from me severel	
times since hor 1/32 for heart burn & indigestion. When	
so her but I was not located for several hours the was	
no conversions. The child was not born, Topken her is	~

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13300
1. PLACE OF DEATH	
County St Marys	Registration Dist. No. 200
Village or City Scolland	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of greign birth?
2. FULL NAME NO name SU	ell tone Neldon
(a) Residence: No(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH LOVE 29 193 2 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. Thet lattended deceased from
6. DATE OF BIRTH (month, day, and year) Que 9 9 9 2 7. AGE Years Months Days If LESS than	I last saw h; 19, 19; death is said to have occurred on the date stated above, atm.
0 0 0 1 day G. hrs. or 0 - min.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Oate of one of
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Scotland (State or country)	Other Cantributary Causes of importance:
13. NAME William Smith	
14. BIRTHPLACE (city or town) Acoltand	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there en autopsy?
16. BIRTHPLACE (city or town) Let Cand	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?, 19, 19
(Stete or country) 17. INFORMANT Learn Weldon (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Linker Oate Lee, 29, 19.32	Manner of injury
19. UNDERTAKER Geon Heldon (Address) Sortland Po	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED Llie 29, 19 32 E E Birch Registrar.	(Signed) E - E Joveh H. Lor, M. D. (Address) It. I moved and

CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

A Artistan	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
Mug 1,1320	TREFFORMER DEC	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPA	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------	---------	---------	------------	----	-----------

		The same of the same of